POSITION	INITIALS	ID NO.	DATE
	ML		09/21/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*MA*	830	11·03·01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date					Claim		Date					Claim		Date				
Final	Original	3/11/02	12/9/02	7/04/03			Final	Original						Final	Original					
	1							51							101					
	2							52							102					
	3							53							103					
	4							54							104					
	5							55							105					
	6							56							106					
	7							57							107					
	8							58							108					
	9							59							109					
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	11							61							111					
	12							62							112					
	13							63							113					
	14							64							114					
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	18							68							118					
	19							69							119					
	20							70							120					
	21							71							121					
	22							72							122					
	23							73							123					
	24							74							124					
	25	✔	✔	✔				75							125					
	26							76							126					
	27							77							127					
	28							78							128					
	29							79							129					
	30							80							130					
	31							81							131					
	32							82							132					
	33							83							133					
	34							84							134					
	35							85							135					
	36							86							136					
	37	✔						87							137					
	38	✔						88							138					
	39	N						89							139					
	40							90							140					
	41							91							141					
	42							92							142					
	43							93							143					
	44							94							144					
	45							95							145					
	46							96							146					
	47							97							147					
	48							98							148					
	49							99							149					
	50							100							150					

If more than 150 claims or 10 actions
staple additional sheet here

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